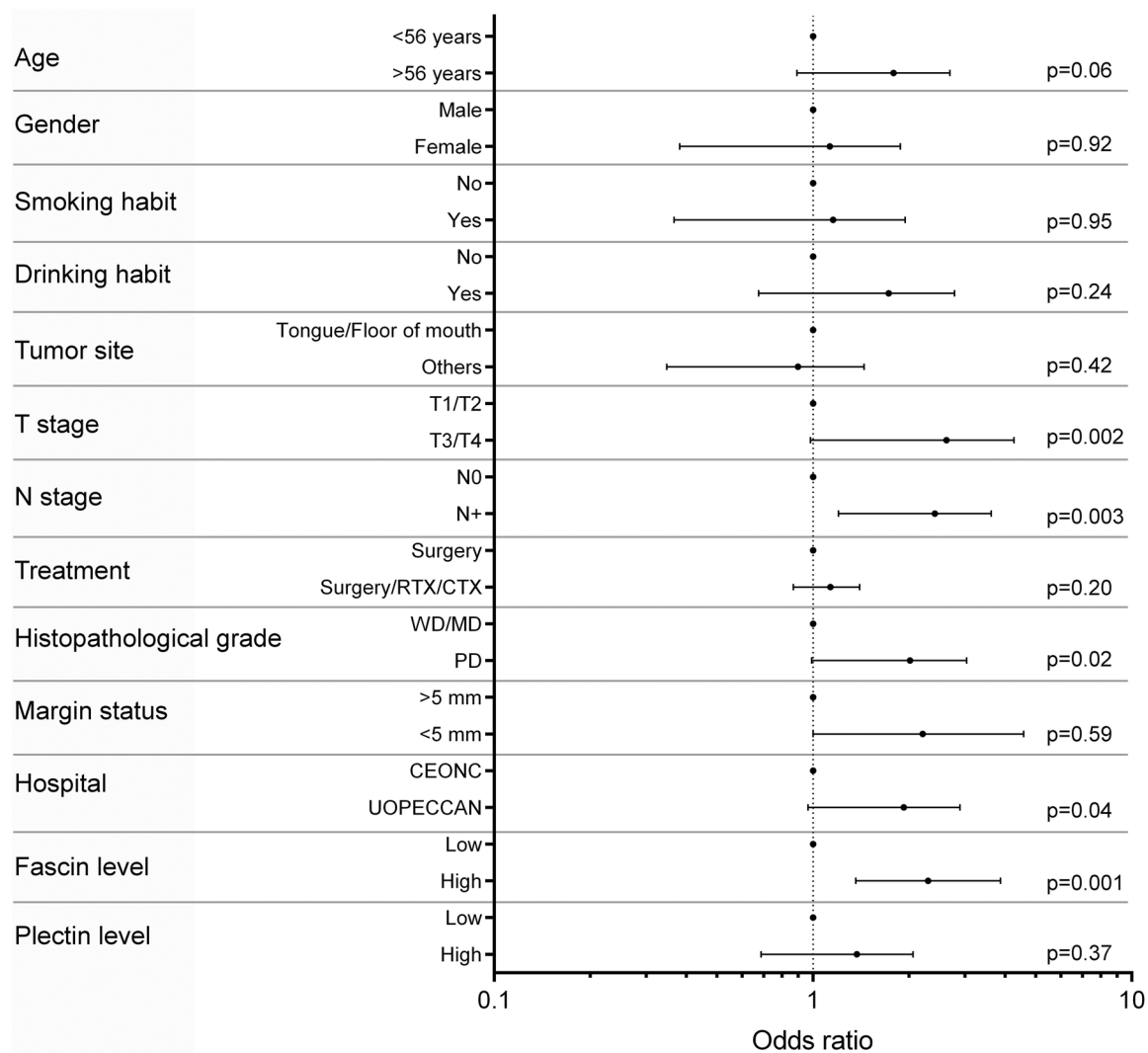
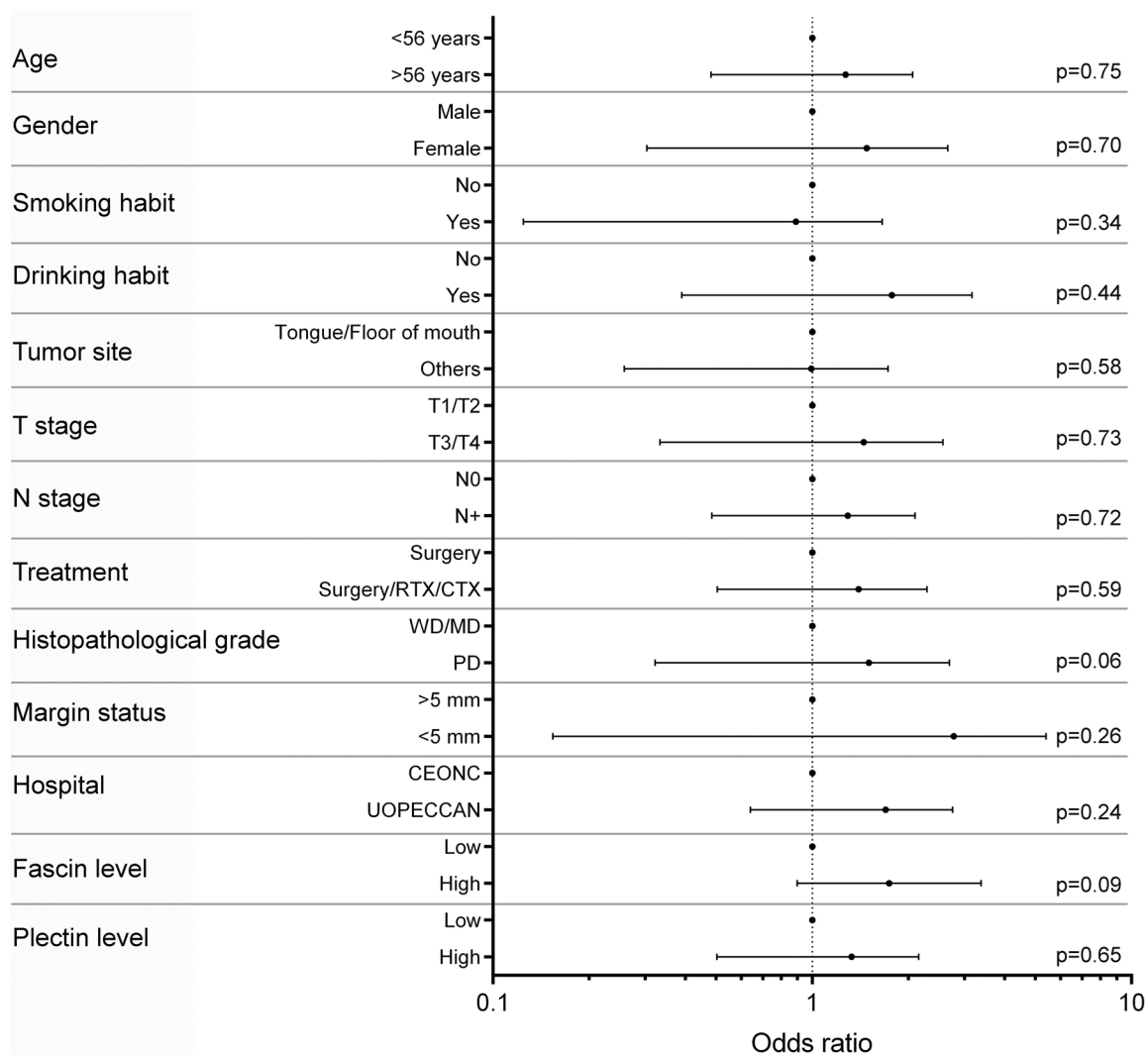


# Fascin promotes migration and invasion and is a prognostic marker for oral squamous cell carcinoma

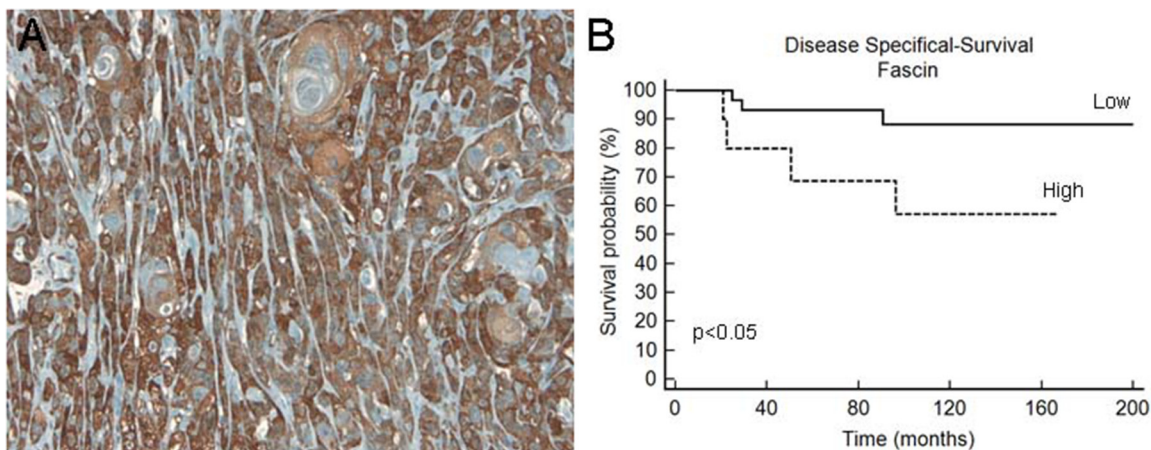
## SUPPLEMENTARY MATERIALS



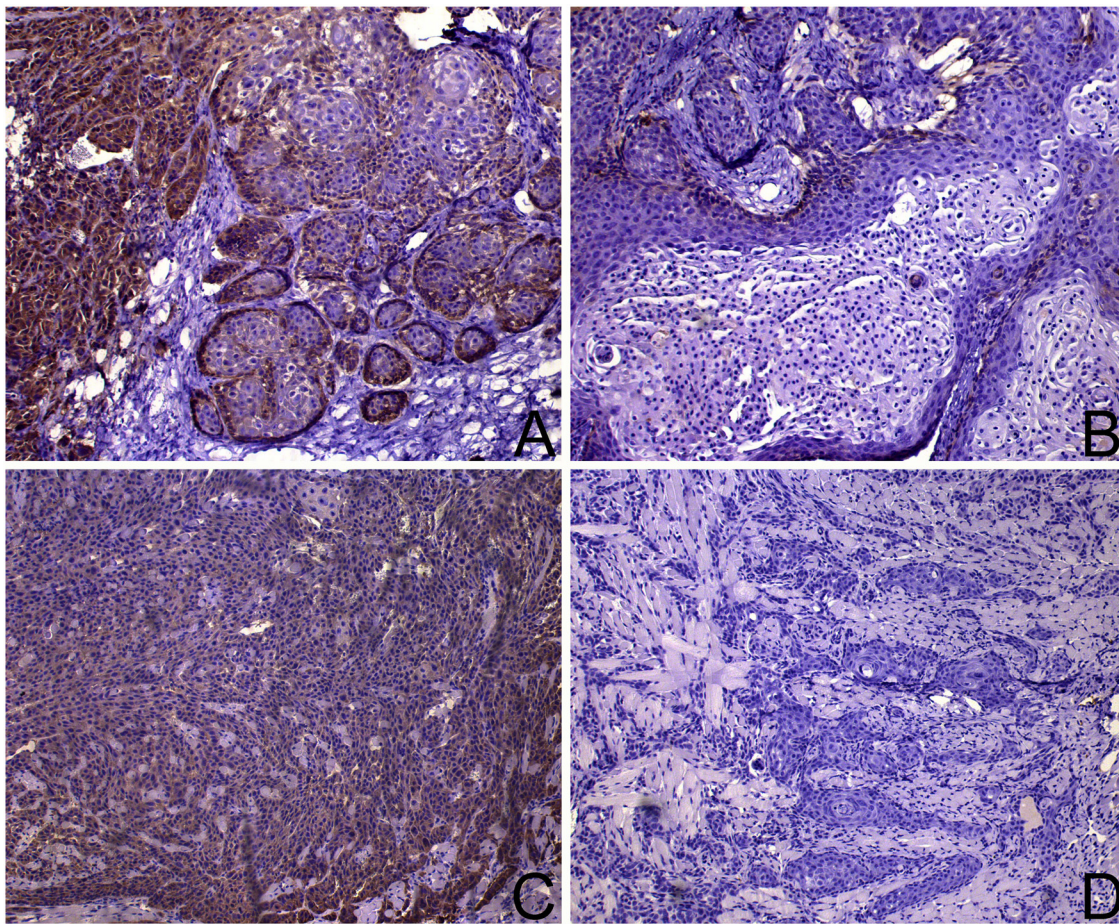
Supplementary Figure 1: Disease-specific survival rates of the OSCC patients according to clinicopathological and immunohistochemical parameters.



**Supplementary Figure 2: Disease-free survival rates of the OSCC patients according to clinicopathological and immunohistochemical parameters.**

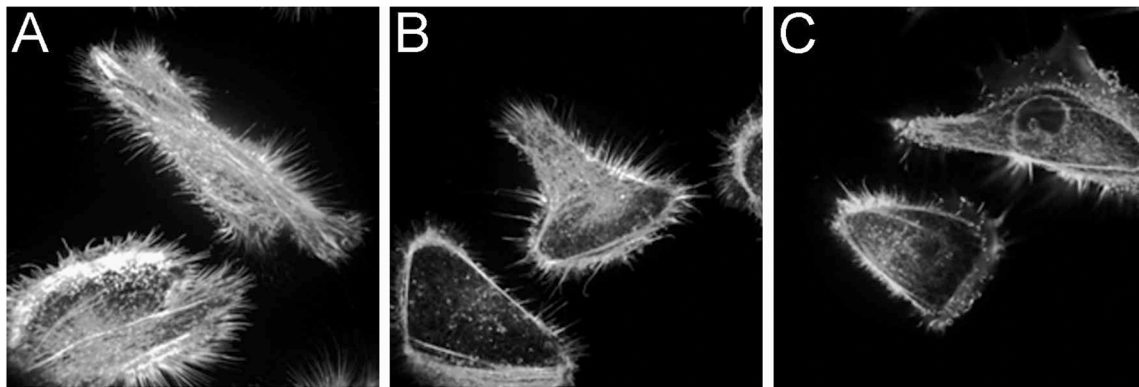


**Supplementary Figure 3: Immunohistochemistry analysis of fascin in OSCC cohort 2.** (A) Representative image of immunostaining for fascin using the anti-fascin antibody clone 55K2 (Santa Cruz Biotechnology, USA). A clear cytoplasmic staining for fascin was observed. (B) The survival curve, analyzed by Kaplan-Meier test, revealed a short survival rate in samples with high levels of fascin.

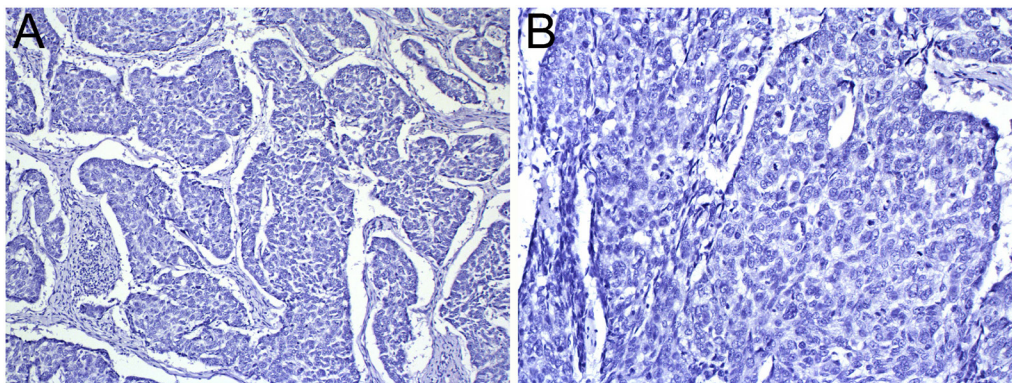


**Supplementary Figure 4:** Representative immunohistochemical images of the xenograft tumors formed by HSC-3 shRNA Control cells (A and C) and HSC-3 shRNA FSCN cells (B and D). Fascin expression was reduced in the HSC-3 shRNA FSCN tumors compared with the HSC-3 shRNA Control tumors.





**Supplementary Figure 5:** Detection of filopodia in HSC-3 (A), HSC-3 shRNA Control (B) and HSC-3 shRNA FSCN (C). Cells were labeled with rhodamine phalloidin to characterization of actin filaments. Filopodia were more abundant in HSC-3, HSC-3 shRNA Control than in HSC-3 shRNA FSCN.



**Supplementary Figure 6: Negative control of the immunohistochemistry reaction.** The negative control represents the tissue (oral squamous cell carcinoma sample) incubated with antibody diluent, without one of the primary antibodies. **(A)** original magnification of 100x and **(B)** high power view of (A) (original magnification of 200x).